



Office of the Building Official
P.O. Box 427
Herndon, VA 20172-0427
(703) 435-6850 Phone
(703) 318-8492 Fax

Commercial Addition or Alteration Building Permit Application

Site Location:

Address: _____

Tenant Name _____

Owner Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Architect/Engineer:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

License #: _____ Exp. _____

Contractor Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

State License #: _____ Exp: _____

Phone Number: _____

PERMIT NUMBER: _____

Project Information:

Est. Construction Cost: \$ _____

Suite/Floor #: _____

Number of Units Being Altered: _____

Phase Number (if applicable): _____

Total Square Footage: _____

USBC Code Year: _____

Description/Use: _____

Type of Const. _____

Submitter Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Fax Number: _____

I hereby certify that I have the authority to make this application, that the information given is correct, and that use and construction shall conform to County Health Regulations, Building and Zoning Ordinances, and private deed restrictions, if any, which are imposed on the property. Furthermore, I certify that all materials used for work performed under this permit will be paid directly to the supplier by the property owner, and that all compensation will be on an hourly basis and paid by the property owner directly to the person(s) performing work under this permit.

Signature Contact, Owner or Authorized Agent _____

Date _____

Phone Number _____

Print Name _____

RETURN THIS COMPLETED APPLICATION TO THE OFFICE OF THE BUILDING OFFICIAL FOR ISSUANCE OF A BUILDING PERMIT

Fire Marshal Signature: _____ Date: _____

Health Dept. Signature: _____ Date: _____



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"ADA" COST DISPROPORTIONALITY CERTIFICATE

Project Name: _____

Project Address: _____

Building Permit Number: _____

This is to certify that the cost of providing an accessible "path of travel" exceeds 20% of the cost of the alteration to the primary function area. This is also to certify that the overall cost of alteration to the primary function areas during the preceding three year period has been considered in determining whether the cost of making the "path of travel" accessible is disproportionate.

Only alterations undertaken after January 26, 1992, shall be considered in determining the overall cost during the preceding three year period.

For the purpose of this certification, the term "path of travel" also includes the restrooms, telephones, and drinking fountains serving the altered area.

Cost of the alteration to the primary function areas: \$ _____

Cost of providing an accessible "path of travel": \$ _____

Disproportionality limit (20% of the alteration cost): \$ _____

This is to further certify that the cost of the following work

List alterations for "path of travel" accessibility

Is equal to 20% of the cost of the alteration to the primary function

The undersigned, _____
Print name and title

Print street address, city, state, and zip code

As owner/tenant of the above mentioned project do hereby certify and agree to the content of this certificate.

Signature of Owner/Tenant

Signed and acknowledged by _____ in the city/County of _____

On the _____ day of _____, year _____, in the presence of the undersigned witness

Witness



Office of the Building Official

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Asbestos Statement

According to Section 36-99.7 of the Code of Virginia no building permit shall be issued allowing a building to be renovated or demolished until the building department receives certification from the owner or his agent that the affected portions of the building have been inspected for the presence of asbestos by an individual licensed to perform such inspections pursuant to section 54.1-50.3 and that no asbestos-containing materials were found or that appropriate response action will be under taken in accordance with the requirements of the Clean Air Act National Emission Standards for the Hazardous Air Pollutant (NESEAPS) (40 CFR.61, Subpart M) and the asbestos worker protection requirements established by the US Occupational Safety and Health Administration for construction workers (29 CFR 1926.59).

To meet this requirement fill out the following information:

Owner(s) _____

Address _____

Address where work is to be performed

- ☐ As owner, or agent of the above building I certify that: The above building is a single family dwelling, or is a residential housing building containing four or fewer units, and is exempt from asbestos inspection requirements (Note: this exemption does not apply if the proposed renovation or demolition is for commercial or public development purposes); or
- ☐ The combined amount of regulated asbestos-containing materials involved in the renovation or demolition is less than 260 linear feet on pipes, or less than 460 square feet on other facility components, or less than 35 cubic feet off facility components where length or area could not be measured previously, and is exempt from asbestos inspection requirements.

If neither box above has been checked, and if the application is for repair or replacement of roofing, floor covering, or siding materials and the use is not a school; asbestos inspection may be satisfied by checking one of the two following boxes:

- ☐ The materials to be repaired or replaced are assumed to contain asbestos and that appropriate response actions will be accomplished by a licensed asbestos contractor or a licensed RFS contractor; or
- ☐ An inspection of the materials to be removed or replaced was accomplished by an RFS inspector and an analysis of the sample showed no asbestos to be present.

If none of the four boxes above have been checked, one of the remaining two must be checked in order to complete this form.

- ☐ The affected area of the above building to be renovated or demolished has been inspected for the presence of asbestos by an individual licensed to perform such inspection and that o asbestos-containing materials were found; or
- ☐ Asbestos-containing materials in the affected area of the building to be renovated or demolished will be subject to appropriate response actions in accordance with all applicable laws relating to asbestos abatement including permits.

Signature of Owner or Owner's Agent

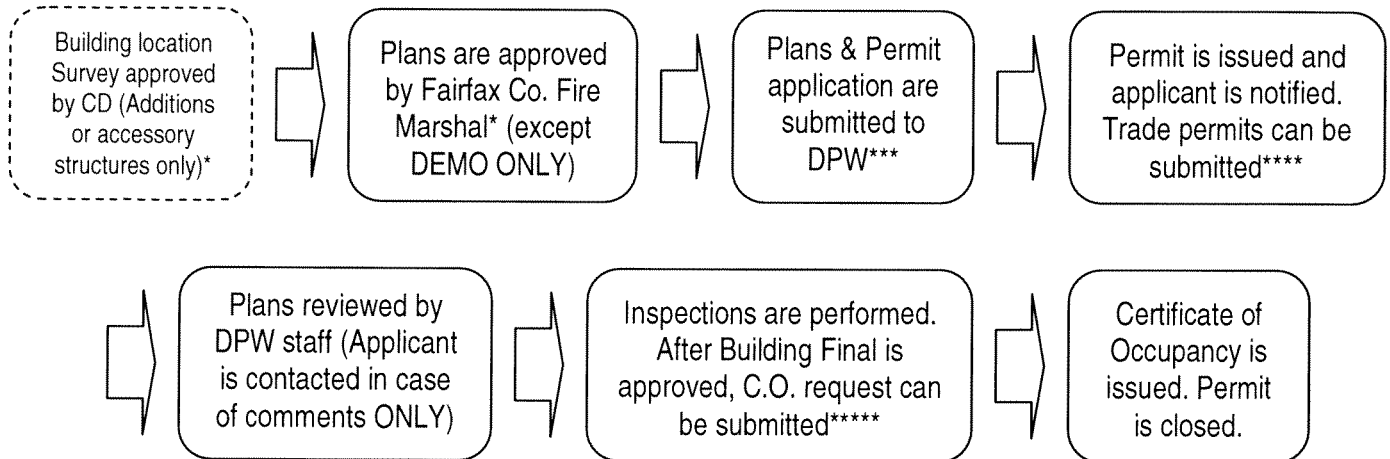
Date

Printed Name

Title

Commercial Addition/Alteration Building Permit Application

*New tenant layout, interior alterations and demolition, systems furniture
Dumpster enclosure, re-roof, loading dock, addition*



*Any addition **REQUIRES** Building Location survey approval from Community Development (except decks, fences and sheds under 150 sf and/or under 8 ft tall)

** Additional Health Department approval is required **PRIOR** to submission for: Restaurants, Daycare, hotel, hairdressing, public swimming pool, barbershop, nail salon, pet grooming, health spa, grocery stores, tattoo and x-ray facilities. **Systems furniture DO NOT REQUIRE FIRE MARSHAL'S APPROVAL**

*** Required for Building permit:

- Three sets of detailed plans or blueprints. Four plans are required when Health Department approval is needed.
- Plans must include Plumbing, mechanical and Electrical specifications.
- All non-residential plans **MUST BE APPROVED BY FAIRFAX CO. FIRE MARSHAL** prior to submission for Building Permit.
- Re roofing information sheet is required for re-roof.

**** Sprinkler permit applications must be submitted along with three sets of plans approved by Fire Marshal.

***** One Certificate of Occupancy is issued for each permit (not for each tenant or floor). Applicant is notified when ready.